

Appendix D

Behavioral Risk Factor Survey (BRFS) and Youth Risk Behavior Survey (YRBS) Questions Required for Reporting on Core Performance Measures

To collect data needed for reporting on outcome measures, Steps communities participate in the Behavioral Risk Factor Surveillance System (BRFSS) annually and the Youth Risk Behavior Surveillance System (YRBSS) biennially. This appendix provides information about the BRFS and YRBS questions required for reporting on the core performance measures.

The first section of the appendix, *Summary of Survey Items Required for Reporting on Core Performance Measures Outcome Indicators*, is a one page summary of required survey items. This summary includes the name and year of the survey (e.g., 2005 Behavioral Risk Factor Survey), the sections or modules from which questions are drawn, and the question number for each question. This summary does **not** include the actual questions.

The second section of the appendix, *Questions Required for Reporting on Core Performance Measures Outcome Indicators*, is a detailed list of all required questions. This list includes the name and year of the survey, the sections or modules from which questions are drawn, the item number for each question, and the actual question.

Summary of Survey Items Required for Reporting on Outcome Indicators

2005 Behavioral Risk Factor Survey	
http://www.cdc.gov/brfss/questionnaires/questionnaires.htm	
Core Sections	Question Number
Section 2: Healthy Days	2.1, 2.2
Section 3: Health Care Access	3.1, 3.2, 3.3, 3.4
Section 5: Diabetes	5.1
Section 9: Asthma	9.1, 9.2
Section 11: Tobacco Use	11.1, 11.2, 11.13
Section 13: Demographics	13.10, 13.11
Section 17: Fruits and Vegetables	17.1, 17.2, 17.3, 17.4, 17.5, 17.6
Section 18: Physical Activity	18.2, 18.3, 18.4, 18.5, 18.6, 18.7
Optional Modules	Question Number
Module 1: Diabetes	4, 5, 7, 8, 9, 10
Module 9: Adult Asthma History	2, 3, 4, 5, 7
Module 21: Smoking Cessation	2, 3

2007 Youth Risk Behavior Survey or 2007 Steps Youth Risk Behavior Survey*		
http://www.cdc.gov/HealthyYouth/yrbs/index.htm		
Sections	Core YRBS Question Number	Steps YRBS Question Number
Demographics	6, 7	6, 7
Tobacco Use	30, 35	10, 15
Food	72, 73, 74, 75, 76, 77	23, 24, 25, 26, 27, 28
Physical Activity	80, 81	30, 31
Other Health Topics	86, 87	35, 36, 37, 38

* Many Steps communities use a modified version of the core Youth Risk Behavior Survey (YRBS) questionnaire. This survey only includes sections directly relevant to the Steps Program. Question numbers are provided for both the core YRBS questionnaire and the Steps YRBS questionnaire. Please note that the Steps YRBS questionnaire includes two additional questions in the Other Health Topics section.

Questions Required for Reporting on Outcome Indicators

2005 Behavioral Risk Factor Survey

Core Section 2: Healthy Days

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Core Section 3: Health Care Access

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- 3.2 Do you have one person you think of as your personal doctor or health care provider?
- 3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- 3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Core Section 5: Diabetes

- 5.1 Have you ever been told by a doctor that you have diabetes?

Core Section 9: Asthma

- 9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
- 9.2 Do you still have asthma?

Core Section 11: Tobacco Use

- 11.1 Have you smoked at least 100 cigarettes in your entire life?
- 11.2 Do you now smoke cigarettes every day, some days or not at all?
- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Core Section 13: Demographics

- 13.10 How much do you weigh without shoes?
- 13.11 About how tall are you without shoes?

Core Section 17: Fruits and Vegetables

- 17.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?
- 17.2 Not counting juice, how often do you eat fruit?
- 17.3 How often do you eat green salad?
- 17.4 How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
- 17.5 How often do you eat carrots?
- 17.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

Core Section 18: Physical Activity

- 18.2 Now, thinking about the moderate physical activities you do ... in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?
- 18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?
- 18.4 On days that you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- 18.5 Now, thinking about the vigorous physical activities you do ... in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
- 18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?
- 18.7 On days that you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Module 1: Diabetes

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse or other health professional checked you for "A one C"?
9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Module 9: Adult Asthma History

2. During the past 12 months, have you had an episode of asthma or an asthma attack?
3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?
4. [If one or more visits to Q3, fill in “Besides those emergency room visits,”] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?
7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don’t have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma?

Module 21: Smoking Cessation

2. In the past 12 months, how many times have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
3. In the past 12 months, on how many visits were you advised to quit smoking by a doctor, or other health provider?

2007 Youth Risk Behavior Survey (2007 Steps Youth Risk Behavior Survey)[†]

6. (6) How tall are you without your shoes on?
7. (7) How much do you weigh without your shoes on?
30. (10) During the past 30 days, on how many days did you smoke cigarettes?
35. (15) During the past 12 months, did you ever try to quit smoking cigarettes?
72. (23) During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks)
73. (24) During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
74. (25) During the past 7 days, how many times did you eat green salad?
75. (26) During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.)
76. (27) During the past 7 days, how many times did you eat carrots?
77. (28) During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes or carrots.)
80. (30) During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
81. (31) On an average school day, how many hours do you watch TV?
86. (36) Has a doctor or nurse ever told you that you have asthma?
87. (37) Do you still have asthma?
- N/A (38) During the past 12 months, how many times did you go to an emergency room or urgent care center because of your asthma?
- N/A (35) Has a doctor or nurse ever told you that you have diabetes?

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